

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037975

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9085

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
5 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Incarnate WordInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Mo.

b. COUNTY St. Louis admission)

c. CITY
OR
TOWN Lemay 25Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS 950 DammertReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
REGINA L. RITTNER4. DATE
OF
DEATH Sept. 8, 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married

Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/13/88 75

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
At Home11. BIRTHPLACE (City and state or country)
St. Louis Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Matthew Beismann

13b. MOTHER'S MAIDEN NAME

Lena ?

14. NAME OF HUSBAND OR WIFE

Charles Rittner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of serv)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Charles Rittner 950 Dammert

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic Carcinoma

INTERVAL BETWEEN
ONSET AND DEATH
8 moConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Carcinoma of right Labia

6 yrs

DUE TO (c)

176:0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/20/62 to 9-8-63 and last saw her alive on 9-8-63
Death occurred at 11:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Andrew J. R. Rittner, M.D.

22b. ADDRESS

4632 So Goodland Blvd

22c. DATE SIGNED

9-10-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

9/11/63

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

Affton 23 Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Fendler Funeral Home 7420 Michigan

25. DATE RECD. BY LOCAL REG.

SEP 10 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

7420 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. A. Lewis
Dr. 3-9220
Dr. 2-9475
2632